



REGISTRATION OF RADIATION PRODUCING MACHINES

Please read instructions before completing this form.
Answer applicable questions only. Use additional sheets if necessary.

f. _____	
Person Responsible for Radiation Safety	Contact Number

ROOM	(a) mfr*	MODEL AND/OR SERIAL NUMBER		(b) Type*	(c) Purpose	Max KVp
		Generator	X-ray tube unit			

1. Human Use-Diagnostic
2. Human Use-Therapeutic
3. Animal use
4. Research-Educational
5. Industrial
6. Not on use
7. Other (Specify here)

Date _____